



ODHS Fee for Service Contract Invoice

CF0846
(10/2022)

Payee Information

Payee number: 1155863
Payee name: Dynamic Life Inc
Payee address: 7554 Kayla Shae St NE Keizer, OR 97303
(Street, City, State, ZIP)

Payee contact: Rylee Webber
Contact email: rylee@dynamiclifepnw.org
Contact phone: 503 602 2044

Invoice number: SN-May23
ODHS Branch | County: Albany | Linn
Billing month/year: May 2023

Validated Amount \$83,333.33

Rylee Webber

6/1/2023

Payee Electronic Signature

Date

Payee Invoice comments (if needed):

Total Invoice \$83,333.33

Example comment: This invoice was submitted to Newport and Coos Bay branches for approval.

Line #	Contract Number	Case Number	Participant Number	Participant Last Name	Participant First Name	Service Category	Service Type	Service Start Date	Service End Date	Rate Per Unit	Number of Units	Invoiced Amount	Service Outcome	OFS Only
1	177918					Counseling & Therapeutic	Coaching - Youth & Fam	5/1/2023	5/31/2023	\$83,333.33	1	\$83,333.33	N/A	Paid 6/14/2023 KS
1	Payee Notes:			Branch/Office: Albany		ODHS Notes:			Payment ID: 16703004			Validation Code:	OP	

